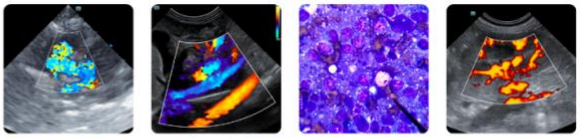


PATIENT

Sausage Curlee

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

16 Years

WEIGHT

12.7 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

AEC of the High Country

REFERRING VET

Dr. Fitch

INVOICE

35146

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: P has history of ivdd and has progressively lost more function in hind legs and becoming more fecal incontinent. P has diarrhea and bad gas at ER. Previous tests at rdvm showed early CRF Currently on Dasuquin, Prednison EOD, Famotidine, fortiflora and gabapentin. Exam- cranial organomegaly and discomfort.

Abnormal PE/Chem/CBC/UA Results: HCT 36.9, BUN 33, ALT 131, ALKP 856, Lipase 2354

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The residual prostate measured 1.18 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 5.01 cm. The left kidney measured 5.37 cm. Trace pyelectasia was noted.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.25 cm x 0.86 cm at the cranial pole and 0.64 cm at the caudal pole. The left adrenal gland measured 1.74 cm x 0.54 cm at the caudal pole and 0.51 cm at the cranial pole.

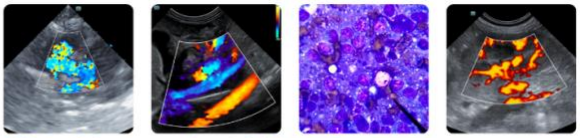
Spleen

The **spleen** revealed multifocal hyperechoic nodular changes, measuring up to 2.2 cm x 2.2 cm, consistent with lipid plaques. FNA is indicated to confirm more significant disease is not present. Heterogenous splenic changes were noted elsewhere in the spleen.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. This is a moderate change. Occasional nodular changes were noted in the liver.

Gastrointestinal



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The **stomach** was filled with shadowing material. If the patient was NPO, strong concern for soft foreign body, such as grass accumulation or similar. The small intestine and colon were unremarkable with normal curvilinear patterns and content.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

A rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

- Shadowing gastric material, consistent with foreign matter
- Hyperplastic spleen, mild potential for underlying neoplasia. Lipid plaques are likely.
- Hepatopathy pattern with nodular changes
- Age-related renal changes with trace pyelectasia
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was NPO at the time of the sonogram, then gastrotomy +/- splenectomy could be considered in this patient. Even though the spleen may be histopathologically benign, I feel it is fairly precarious given the multiple nodular changes. Note, the prednisone may be suppressing a more significant presentation. Other than the gastric overdistention, there is no evidence of visceral disease that would be responsible for any discomfort. Referred back pain should be considered as a potential issue.

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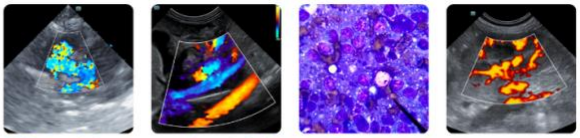

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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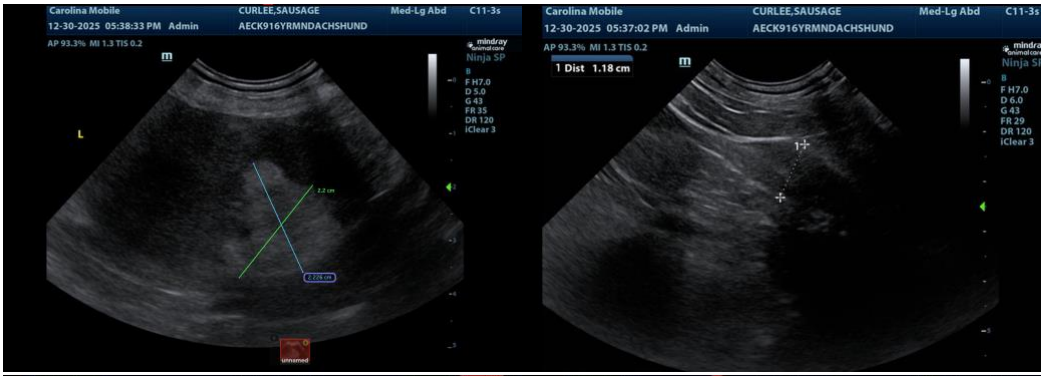

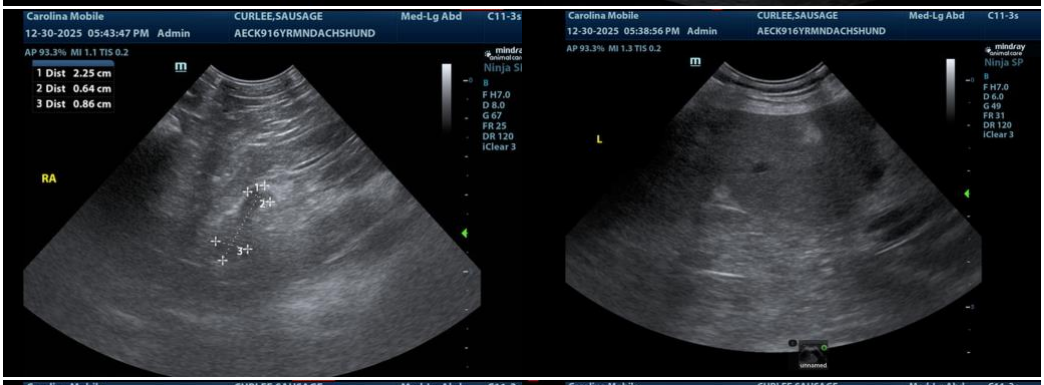

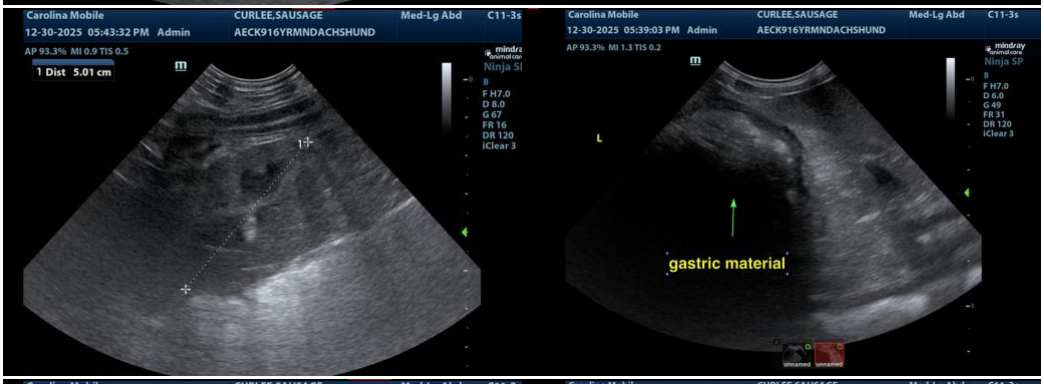

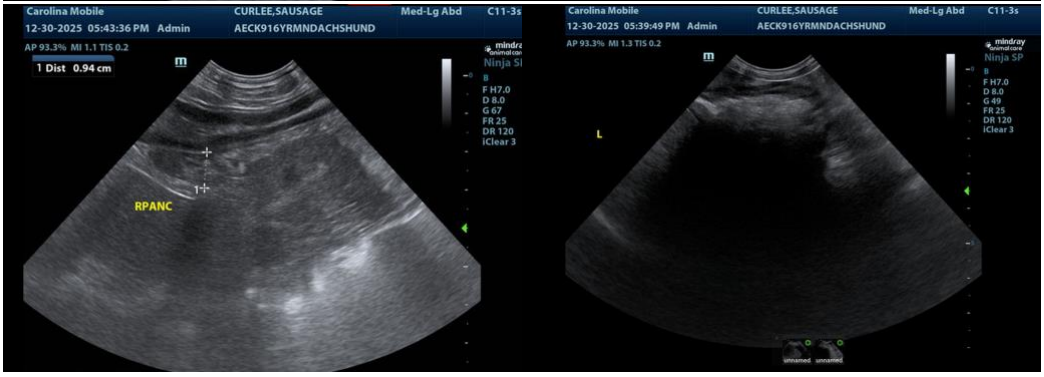

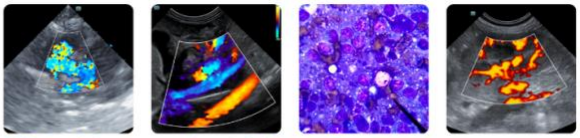

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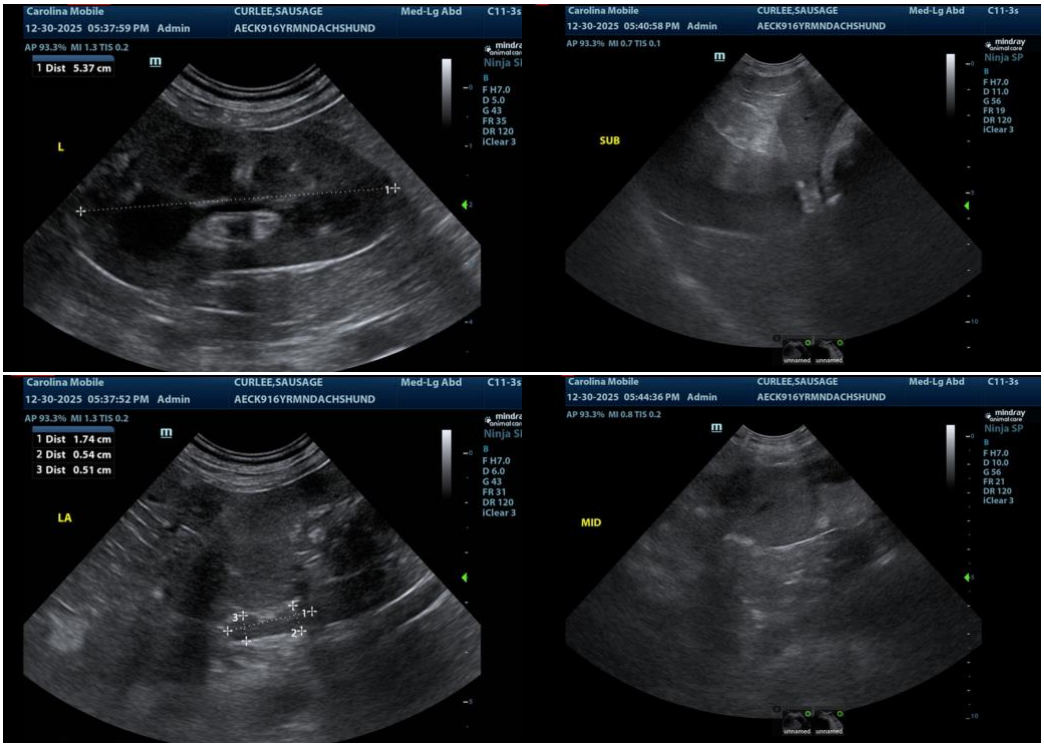

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com